



Impact of the Patient Protection and Affordable Care Act (ACA) on Access to HIV, Hepatitis and Behavioral Health Treatment and Prevention Insurance Coverage

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What the Affordable Care Act Does

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- Insurance Reforms
- Establish a floor for insurance policy benefits which is more comprehensive
- Establish a requirement that everyone have Insurance along with subsidies to make purchase of insurance more affordable
- Create changes in how medical benefits are reimbursed and the quality of care which must be provided
- Foster the adoption and use of Electronic Medical record systems to better integrate care
- Foster organization of providers to better integrate care

Insurance Reforms

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- No pre-existing condition limitations on coverage
- No cancellation of coverage from being ill
- Automatic right to renew coverage or purchase from available coverage each year
- No change in rates other than for age and tobacco use
- Plain language
- Streamlined enrollment
- Minimum Insurance Benefits

Minimum Insurance Benefits

- Required Essential Benefits Include:
 - Mental health, substance use disorders
 - Pharmacy
 - Rehabilitation and Habilitation
- Benefit Levels Based on Most Common Insurance Plans In Each State
- Prevention Services at No Cost
 - Depression Screening
 - SBIRT – Alcohol
 - Smoking Cessation

Required Coverage

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- Minimum Insurance coverage must be purchased or a fine paid
 - Exceptions for very low income people in non-Medicaid expansion states, some religious groups, those in state or federal institutional care
 - Medicaid, Medicare, VA, TRICARE, Employer based coverage all apply
 - Employer mandate to provide coverage for those working 30+ hours/week
- Subsidies on sliding scale to those between 100-400% federal poverty level
- States have option to expand Medicaid to 138% of federal poverty level and to remove categorical exclusions

Changes in Reimbursement for Services

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Movement:

- towards purchasing bundles of services
- towards paying for quality rather than quantity
- towards paying for outcomes rather than for procedures
- towards not paying for rehospitalizations, hospital acquired infections

Impact – less federal and state grant funding of medical care

Fostering Changes In How Care Is Organized and Managed

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- Electronic Medical Records and Interoperability
- Patient Centered Medical Homes
- Accountable Care Organizations

Impacts:

- Shifting of Risk from payer to provider in exchange for Increased Flexibility
- Shared Savings and Incentives to improve quality, manage costs, improve customer experience

What All This Means To Recruitment and Retention

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- Outreach Services Will Have To Be Covered By Grant Funds
- Screening and Treatment Will Be Covered By Insurance for Those Covered By Insurance
- Pressure Will Increase To Help Foster Enrollment in Insurance In Medicaid Expansion States
- Reimbursement for Retention Support Services Will Be Determined By Each State